ARCHITECTURAL MODIFICATION

LAURELBROOKI Mail To: P.O. Box 1185 Brick, NJ 08723 or Fax to: 732-793-8022

THE FOLLOWING FORM MUST BE SUBMITTED FOR EVERY CHANGE REQUESTED FOR THE EXTERIOR OF THE BUILDING. MAKING CHANGES WITHOUT APPROVAL MAY RESULTS IN FINES AND REMOVAL OF ANY UNAUTHORIZED CHANGE.

PLEASE DESCRIBE IN DETAIL THE CHANGE YOU ARE PROPOSING.

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REQUESTS, WHERE APPROPRIATE, MUST BE ACCOMPANIED BY THE FOLLOWING:

1. DRAWINGS AS TO WHERE THE MODIFICATION WILL AFFECT THE BUILDING
2. CONTRACTOR TO BE USED AND CERTIFICATE OF INSURANCE, WITH LAURELBROOK CO-INSURED
3. PERMITS REQUIRED FOR MODIFICATION
4. TIME PERIOD FOR THE MODIFICATION
5. MATERIAL TO BE USED FOR THE MODIFICATION

I AM REQUESTING THE ATTACHED ARCHITECTURAL MODIFICATION FOR THE FOLLOWING UNIT:

UNIT SIGNATURE DATE

BOARD COMMENTS:

THE ABOVE HAS BEEN REVIEWED BY THE BOARD OF DIRECTORS AND APPROVED/DENIED AT A BOARD MEETING ON

SIGNATURE _____ SIGNATURE _____

SIGNATURE _____

FINAL APPROVAL

SIGNATURE _____ DATE _____